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# RESIST

Newsletter #214

*A Call to Resist Illegitimate Authority*

March, 1989

## Renewing the Fight for Abortion Rights

### A Boston Reproductive Rights Network Forum

**T**he Bush presidency was ushered in, in Boston, with a forum, held January 22nd in commemoration of the Roe v. Wade Supreme Court decision legalizing abortion in the U.S., to open up a renewed discussion on strategies to keep abortion legal. The following are edited excerpts from two of the presentations given that day. The panel also included feminist activists from the Latina community, the disability rights movement, the Boston Women's Healthbook Collective, and the labor movement. A transcript of the entire panel is at the Resist office. Anyone interested in seeing the transcript may contact the office at 617-623-5110.

**Elizabeth Hill**

**Boston Reproductive Rights Network (R2N2)**

What we mean by reproductive rights is that we see the struggle for abortion as part of the struggle for reproductive freedom. For instance, we need an end to forced sterilization of women; we need an end to inadequate childcare; we need to have workplaces that are safe and free from toxins which affect the reproductive health of both men and women. We need to understand also that reproduc-

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Reproductive rights activists are calling for renewed attention to the struggle to defend abortion rights. Photo: Ellen Shub.



# Abortion Rights

*continued from page one*

tive freedom encompasses the right to bear children, if that's what you choose to do, and it encompasses the right, for instance, of gay men and lesbians to provide foster care for children.

However, no matter how much we want to expand beyond fighting just for abortion rights, and no matter how broadly we define reproductive freedom, we find ourselves constantly forced to defend legal abortions, because that right is so often under attack. And it's because we feel that we're at a very crucial time in the fight for abortion and reproductive freedom that we wanted to have this meeting today. We felt that we needed to talk about the struggle for abortion rights with other individuals and organizations who shared our belief that abortion is but one of the pieces of the struggle for reproductive freedom, and who also feel that grassroots activism and direct action are good methods of social change.

We're facing a very serious threat to *Roe v. Wade*. The Supreme Court has just agreed to hear a case called *Webster v. Reproductive Services*. This is a case in which the Reagan Justice Department has urged the judges to reconsider *Roe v. Wade*. The balance on the Supreme Court has shifted since *Roe v. Wade* was passed, and there's now almost certainly an anti-abortion majority on the Supreme Court, so this is the worst possible time for them to be hearing a case like this. It seems unlikely that they would do anything as radical as to say human life begins at conception, but it's very possible for

them to say that there is no constitutional, federal right to abortion. It would be remanded to the states, and we would be in a very difficult position. Here in Massachusetts, given our legislature, abortion would almost certainly become illegal.

We're also faced with a totally new type of opposition in Operation Rescue. This is a group that sort of acts like we do. They don't lobby and legislate, they take on direct action and grassroots organizing. They are doing what we want to do. We want to be visible, we want to take our causes to the people. And that's exactly what they're doing. And although they call themselves non-violent, they are creating a climate in which abortion is something to be afraid of, in which women seeking abortion, or any kind of health service at these clinics, must do so in a climate of fear and intimidation.

For us, as grassroots progressive organizations, they're using tactics that make it really hard for us to oppose them. They're doing sit-downs and civil disobedience, which is what we do. And they're doing this at a time when the debate on abortion has taken a dramatic shift from where it was in 1979. I remember as a student then, you wouldn't dare write a letter to the college newspaper saying "you women are so selfish not to bring this child to term just because it's inconvenient," because you'd get 120 letters saying "How dare you act as though what I do with my body is selfish...?" and I feel like that's completely changed.

The Right to Life movement is fram-

ing the debate in terms of women's convenience, interruptions to our careers, etc., versus human life. How can you win that argument if it's framed like that? And a lot of the mainstream reproductive rights organizations are framing it in terms of civil liberties and individual rights to make personal choices.

We need to raise the issues of women's right to sexual freedom, to reproductive autonomy, and to physical integrity. That is the basis of our support for abortion rights, and that basis has been eroded. We, women, are being left out of the debate, and what is happening is that the person in this debate is the fetus. The fetus is being raised to the level of the human being. Women have been displaced. And even though abortion is legal, the fact that the fetus is the human being in the argument is having a dramatic effect on our reproductive autonomy.

One of the issues being debated in the case that the Supreme Court is hearing is whether there should be extensive and intrusive testing of fetuses over 20 weeks of development to see whether that fetus could live outside the womb. Women are also being forced to make medical decisions that they

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## MARCH FOR WOMEN'S EQUALITY AND WOMEN'S LIVES



APRIL 9, 1989  
WASHINGTON, D.C.



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# Promoting the People's Health in Nicaragua.

Lois Wessel

**I**n a Nicaraguan sex education class for women peasant leaders, a forty-year-old mother of ten and grandmother of eighteen learned the anatomy of the female reproductive organs by joining "jocotes" (a small oval-shaped fruit), long string beans and an avocado half. She was forming the ovaries, the fallopian tubes and the uterus, respectively. Later on, when the workshop facilitator used the model to explain the fertilization process, the mother was astonished. "The men plant the seed in the fields and they grow. We women harvest the plants," she remarked. "I thought it was the same with babies...the men plant the seeds in us and the baby grows and we harvest it. Now you're telling me I have eggs and they have something to do with it?...Then why have women been putting up with so much crap from men for so long?!"

This dialogue took place in a popular health education workshop. Popular health education is a participatory, and fun, way of teaching and learning. It is about *how* teaching occurs as much as it is about *what* is taught. Using highly visual and active games, skits (called "socio-dramas" because they reflect social realities), puppets, songs, and creative inspiration, popular health education teaches people so that they can teach others.

Instead of giving answers to problems, popular health education seeks to help people find answers together. While traditional education is authoritarian and can be used as a form of social control, popular education is egalitarian and promotes change, focusing on using people's life experiences to solve problems. By employing simple words, and examples from real life situations, people learn



A billboard in Managua promoting breastfeeding as part of the "Campaign in Defense of the Life of the Child." Photo: Tatiana Schreiber.

about a given subject and become "multipliers," capable of teaching others what they have learned.

Models of popular education have been used throughout Latin America since the mid-1960s when Latin American bishops and Christian Base Communities employed Freireian methods to put liberation theology into practice to benefit the poor. In Nicaragua, popular education techniques were used before the triumph of the revolution in 1979, as part of the community organization and development led by the Christian Base Communities. It was considered subversive by the dictatorship because it challenged the existing system.

After the 1972 earthquake, thousands of Managua residents were removed by Somoza to live in "Open Tres," a barren land with no electricity or water. Using popular education methodologies, members of the Christian Base Communities worked with residents to organize and achieve potable water and limited electricity through their own efforts. The community, politicized by their experience, was "liberated" before most of Managua during the insurrection. Now the area is called Ciudad Sandino and it is one of the municipalities that has completely eliminated illiteracy.

Since the Sandinista victory, popular

education has been accepted on a government level, as a way of enabling people to become capable of teaching others. Frequently a person who is going to a health or literacy workshop talks of going to a "capacitacion," which best translates as making people capable or able. Several national and international institutions in Nicaragua use these methods. One of these, CISAS (Centro de Servicio y Asesoría en Salud—Information and Advisory Services in Health), led the sex information workshop mentioned at the beginning of this article.

CISAS, funded by European churches, Oxfam England and UNICEF, focuses on using popular education techniques to promote breast feeding, nutrition, the safe use of pesticides, prevention of diarrhea, and more. It also teaches the techniques to both Nicaraguan health workers and internacionalistas. Many professionally trained health providers know the importance of preventive health but don't know how to teach it. In traditional health education, uniformed health professionals lecture using complicated charts and scientific medical words. In popular health education, locally available materials and simple language are keys to this appropriate technology.

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## Casi T. Mato Reveals the Politics of Pesticide Poisoning in the Third World.

As part of the curriculum at the Managua Medical School, CISAS trains medical students to make and use puppets in health education. Now Luis Preventivo (Preventive Luis), Carlos Descuido (Careless Carlos) and Casi T. Mato (I almost killed you), puppets who talk about how to prevent pesticide poisoning, travel with the medical students to rural areas, and assist them in teaching about the safe storage and use of pesticides. Pesticide poisoning is one of the major occupational hazards for campesinos in the Nicaraguan countryside.

In a recent CISAS workshop, with cotton growers in Chinandega Province, workshop participants began to talk about the effects of pesticide exposure using a brainstorming process. First, the group came up with a long list of who and what is exposed to pesticides, including the plane pilot, the person who washes clothes, children, trees and rivers. Then, participants worked in small groups to draw "El Camino de los Plaguicidas," or the pesticide path. Most of the drawings showed the path beginning where the pesticides are purchased locally and ending in the field where they are used. With further group discussion, both ends of the path were extended to show how pesticides originate abroad at multinational chemical companies (though not directly from the U.S. because of the trade embargo) and end up on a person's plate of food. With the more complete drawings, along with a story accompanied by colorful hand-drawn pictures showing the history of pesticide use in the Third World (beginning in the 1940's when the U.S. introduced cotton as a cash crop), the participants learned about the politics behind dangerous pesticides.

In the same session, CISAS workshop leaders performed three pantomimes on how people can become poisoned within the home, or through carelessness. One showed a young child playing, spotting a bottle he thought was soda, and drinking it. It turned out to be filled with liquid pesticide and the child eventually died. Another pantomime portrayed a man coming home and storing something on a shelf while his wife was cooking. When she reached for an ingredient



Using puppets to teach prevention of diarrhea and dehydration at a CISAS workshop. Photo: Lois Wessel.

from the shelf, the substance, a pesticide, fell on her face. In the last pantomime, a man carefully got dressed in all his protective gear—hat, overalls, long sleeved shirt, boots, gloves and finally a mask and goggles. He went out to the field and began to dust a powdered substance. As the day wore on and the sun rose, he got hot and took off his gloves, hat and goggles. Later on he became dizzy and confused, due to the pesticide entering his body through his skin and respiratory system.

After each of these three pantomimes was presented, participants were asked to retell what happened. How did the person become exposed? How did the pesticide enter the person? What were the symptoms of toxicity? Did they know people who had been poisoned in similar ways? What could be done to prevent such tragedies? These last questions personalized the problem and began to focus the discussion on solutions.

## The Campaign in Defense of the Child.

In spite of improvements in health care, and decreased infant mortality, diarrhea and subsequent dehydration have remained one of Nicaragua's major health problems. As part of the government's new campaign to reduce maternal-infant mortality, "The Campaign in Defense of the Life of the Child," CISAS has given workshops on diarrhea prevention. One of the techniques used to illustrate the symp-

toms of dehydration is the story of Dolores (a common Nicaraguan name which literally means pain). Dolores is made from "jicara" (a gourd) and is painted to look like a child. She has holes for the eyes, mouth, urine and excrement. As her story is told, she is filled with water and a balloon is placed in the opening which is her head. The water runs out the holes, showing she is crying, her mouth is moist, she is peeing and has diarrhea. Eventually the balloon is no longer visible, signifying how the soft spot on the baby's head sinks as a symptom of dehydration. Tears stop flowing from her eyes and she doesn't pee, additional symptoms of dehydration. Her mouth also becomes dry. The participants are asked to explain what is happening and why. What should be done in this situation?

As they begin to talk about oral rehydration using home-made solutions, someone makes the simple sugar-salt liquid. When the liquid is poured into Dolores, she begins to pee and cry. The balloon or the soft spot becomes visible. Although the diarrhea may continue, the liquid prevents dehydration. After the demonstration, participants make their own "diarrhea doll" so that they can become "multipliers," spreading the oral rehydration message to others through this visual story.

Frequently participants create and perform a song, poem, socio-drama or puppet show to explain the causes and symptoms of diarrhea and dehydration and how to prevent them. In a workshop with banana and cotton field workers, one group wrote a song to the tune of "Guantanamera:"

Cuántas bacterias, muchachas  
cuántas bacterias?  
Cuántas bacterias tenemos en la  
cocina?

How many bacterias, girls  
how many bacterias?  
How many bacterias do we have  
in the kitchen?

Popular tunes are often a catchy way to get messages across. In some communities, new words sung to old songs have added flavor as well as health messages to traditional rhythms.

## Sexually Transmitted Diseases.

Teaching about AIDS is always included in workshops on sexuality and



sex education (see box, below ). One way people learn about sexually transmitted diseases is through "La Telarana," or Spiderweb. Participants form a circle and one person begins to tell a story while holding a ball of string. "...Juan went to a party and met a woman he liked...well, they ended up sleeping together,...and it turns

out he has AIDS...." At this point the ball of string is thrown to someone else in the circle. The person who receives the ball continues..."Well, the woman, let's call her Christina, was pregnant and...." Eventually everyone has told part of the story, and at the end a big spiderweb of string has criss-crossed the circle, representing the transmis-

sion of disease. A discussion of how AIDS and other diseases are spread is initiated. The story opens up the touchy subjects of bi- and homosexuality.

For many participants, performing in public is cause for anxiety. However, workshop leaders attempt to

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## Friday Night in the Park: Talking Safe Sex with the "Muchachas".

When I visited Nicaragua this past fall I was able to observe popular health education in action, accompanying a group of lesbian and gay AIDS educators on their regular Friday night visit to a Managua park where gay men frequently gather. On this particular evening, one member of the collective had gone to another spot to meet and talk with prostitutes about safer sex and protection against HIV infection.

Although there have so far only been about 25 people who have tested positive for exposure to the virus in Nicaragua, and two AIDS related deaths (as of our visit), the government has undertaken an active educational campaign that relies extensively on the work of the lesbian and gay *brigadistas* that we met. It should be noted that although the members of this group are out to the government agency that they work with (the Ministry of Health, or MINSA), they are not all out to their family, friends, or co-workers, and they do not necessarily come out in the course of their educational work in schools or cooperatives. However, in the park, the ability of lesbian and gays everywhere to recognize each other, is probably critical in developing the trust that is necessary for this kind of education project to succeed.

That warm and rainy night in early September we sat in the car waiting to see what might happen—two North American lesbian visitors, one Nicaraguan lesbian, one Nicaraguan gay man, and two North American lesbians who live in Managua and work with the group. At first we didn't see anyone in the park, but, one by one, we noticed men emerging from the dark. The one gay male health worker got out and chatted for a while with one of the men, and soon returned, smiling. "The 'muchachas' (girls) want to talk to the muchachas," he told us, so we all trooped out and joined the twenty or so gay men who had by now gathered, and we settled ourselves on a low wall to talk. The men seemed relaxed, arms around one another, open and friendly. The meetings had been going on for several months at the time of our visit, and the men welcomed them as an opportunity to share questions about safer sex, and to get the free latex condoms

that the educators distributed.

Audiovisuals were not available on this particular night, because the week before, when one of the educators had tried to plug a TV monitor into an outlet in the outdoor rotunda, the outlet had exploded. But plans were made to watch the U.S.-made, Spanish language safe sex video in another location. The talk was frank, about sexual practices, and ways to negotiate the use of condoms during sex. One man said if his boyfriend didn't want to use a condom he just wouldn't agree to have sex. Others talked about testing—whether or not to get tested, where to go, and whether they could do so anonymously. There were so many questions about testing that another meeting was set up just to talk about testing issues. I asked the men how many people they thought had been reached by the community health education, and was told at least fifty.

As the rain intensified, we moved into the covered rotunda, right next to the Carlos Fonseca memorial, and continued to talk, now about gay life in America, the impact of AIDS, and also music and culture. Soon we were exchanging addresses and promising to write. (One nice thing about popular education is that it nearly always has "spillover effects" of one kind or another). When the time came to give out the condoms, the educators counted heads and divided up the available supply evenly. Safe sex pamphlets were distributed, and one the participants volunteered to organize a group of men who wanted to go together to be tested anonymously for exposure to HIV.

As the men began to disperse to meet their boyfriends, we noticed other men, who had been listening from the shadows. From what we could tell, they were the more "macho," and the ones who, though not willing to participate in the public discussion with the educators, were still obviously getting some of the information. It reminded me of the way here in the U.S., AIDS educators have found heterosexual women more willing to participate in discussions about safer sex than heterosexual men. As we returned to the car, still chatting with some of the men, we noticed a police vehicle drive up. Naturally we North

Americans were wary, but the men we were with didn't seem concerned. The police parked and got out of the car, but, instead of walking towards us they sat on the car hood, talking and smoking. One of the gay men walked up and joined their conversation. Later we learned that MINSA had provided the brigadistas with a letter accrediting them as official government workers, expressly to avoid any problems with the police. Though we did not learn the extent of police harassment of gay people in Nicaragua, one of the health workers told us, that, with regard to this project, "the police were extremely cooperative, interested, and wanted to get the (AIDS) information themselves. It was a very impressive symbol of the kind of support MINSA was willing to give to ensure that this education would happen."

Leaving the park I couldn't help but think of the irony of the fact that in Nicaragua, with AIDS still, fortunately, not the tragedy it is at home, the government is engaged in a serious preventive campaign, involving gay people as the primary actors in the work from the beginning, while in my home state of Massachusetts, the legislators can't cope with the distribution of explicit safer sex information. The pamphlets being used in Nicaragua are explicit, and use street language to discuss risky behaviors.

Perhaps the most revolutionary aspect of all this, is that, now, in Nicaragua, the need to aggressively confront the transmission of HIV, is "promoting the gay question," as one educator put it, "by identifying gay men and lesbians as 'the most responsible and caring and participatory sector of the population in light of the threat of AIDS.'" I would like to remain optimistic that the AIDS prevention project will not only succeed in halting the transmission of HIV, but will also ensure that gay and lesbian liberation isn't relegated to the back burner of the Nicaraguan revolution.

—Tatiana Schreiber

*Nicaragua's campaign against AIDS needs support. For more information about the kind of material support that is requested, contact the Nicaragua AIDS Education Project, 3181 Mission St., #13, San Francisco, CA 94110.*



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create a friendly, non-competitive environment. Through games which introduce everyone to one another, and other games to stretch the body and mind as a break from the rest of the workshop, people relax and play.

"I was scared at first," said Maria de Jesus Rivera, a tobacco harvester from Ocotol, "but then I laughed so much and I knew I was learning things that were important for my children and my community...and I forgot my fears." However, others often remain shy and uninterested, sometimes rejecting the methodology as "stupid and childlike." Though this attitude is rare, it makes conducting the workshops difficult.

Some Nicaraguans think health comes from an injection or pill, and refuse to participate or believe in preventive health projects. It is also unclear how many participants actually do become "multipliers," and to what extent. The long term effects of these popular health techniques cannot be immediately evaluated.

For the educator, the challenge of how to present material to a given group is one of the hardest aspects of a workshop. She or he must be prepared to change the content of a workshop at any time. The logistics vary from site to site. Participants' literacy, educational and energy levels must be understood, so the material and techniques presented are appropriate. Issues of cultural sensitivity are discussed and analyzed before, during and after each workshop.

## Opposition from the Medical Profession.

In general, community activists from unions, student groups, churches and mass organizations are inspired by popular education methodology. In spite of community interest and governmental support, one of the main obstacles to popular education in Nicaragua is the medical profession itself. Many doctors, especially those who trained before the revolution, still focus on traditional methods of education stressing their authority and knowledge. One doctor at the Managua Medical School claimed popular education was for peasants and women only.

Because popular health education can empower people and demystify medicine, some health professionals are threatened by the role of local peo-

ple as health promoters. This has been especially true in Guatemala and El Salvador. In fact, because popular education looks for community solutions to problems, people who promote it are often accused of being "subversive," and many such workers in Guatemala have been killed for their efforts.

The U.S. war against Nicaragua has prevented health educators and providers from working in the war zones. Health education workshops have been cancelled. Health centers have been destroyed. Many health brigadistas, volunteer health promoters, as well as doctors and nurses have been killed in the contra war. The war has also created new illnesses, both physical and psychological, putting unusual demands on the health system just as the deteriorating economic situation has forced drastic cuts in health programs.

Nevertheless, drawing on local resources and creativity, popular education is stimulating community efforts to resolve problems generated by the war, the economy, and the aftermath of Hurricane Joan, which devastated the country in October, 1988. Though popular education cannot completely resolve problems of a national scope, it can give people the tools to find temporary solutions. For example, women from AMNLAE, the women's association, are using popular education methods to promote the use of soy beans as an alternative source of protein because meat is scarce.

The goal of most health education is to change habits and attitudes. In other words, the primary focus is on changing behavior. Popular health education changes behavior, but at the same time encourages broader social change through community organizing. The Nicaraguan Revolution has stimulated people's creativity, incorporating popular education into government health policy. In the rest of Central American and the Third World, popular education is helping people gain control over their health and their lives. □

*Lois Wessel is a North American working in Managua, Nicaragua as a community health educator.*

*Editor's Note: Although extensively used in the Third World, popular health education has been disdained by the U.S. medical profession (with some exceptions on the part of community-based health clinics) for the same reasons it has been considered subversive in Latin America. These techniques tend to be cheaper than "traditional" Western medicine, so they don't support the medical product industry, and they are basically methods of community organizing, encouraging people to believe in themselves and make demands on the systems that exist around them.*

*The urgency of the AIDS epidemic in the U.S., however, is fueling the efforts of numbers of Black and Latino leaders in community health education here, who have long suspected that these methods, so successful, in the Third World, would also work very well in U.S. urban centers, particularly when lack of access to health care (due to lack of insurance, and cultural and language barriers) make living in the U.S. a lot like living in a developing country.*

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don't want to make. In the last five years, 36 hospitals have attempted to force women to have medical procedures that they didn't want. Twenty-one court orders were obtained by these 36 hospitals, and 17 of them involved women who were Black, Asian or Latina. Fifteen of the court orders mandated that the woman have a cesarean section. So, because the fetus is the important person in this argument, women are being forced to undergo dangerous and intrusive surgery.

Operation Rescue two weeks ago. (Operation Rescue staged major actions in Boston in January and many participants were arrested).

On the other hand, we are citizens and we have the right to demand that our constitutional right to abortion be protected. But we can't allow the police and government to direct our political action. So, that is a real conflict that we face when dealing with Operation Rescue, that we haven't faced before. They are using civil disobedience and the tactics of Civil Rights

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*It's very frustrating to see these people singing, "All We Are Saying is Give Life a Chance," and laying down in front of barricades, and the police start to drag them around, and you find yourself going, "Yeah!" and then saying "No, no, no." We know that nine times out of ten we're going to be the ones that they're using that kind of force against.*

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All of these things—the possibility of the Supreme Court overturning Roe v. Wade, with whatever effect that would have; the new emergence of Operation Rescue; and the climate in which we're now operating, makes us think that we have some real challenges ahead of us. For instance, we in R2N2 believe in grassroots organizing. We believe in direct action. But how do you take direct action around the Supreme Court? This is a body that is supposed to be immune to political pressure. How do you organize on a grassroots level against a decision made there? Do we have to accept that action around the Supreme Court can only be taken by the kinds of organizations that are set up to file endless amicus curiae briefs? Or are there other ways to influence them?

How do we defeat Operation Rescue? This is a secretive organization. We don't know where they're going to be until they show up. And they're using our tactics. It's very frustrating to see these people singing, "All We Are Saying, Is Give Life a Chance," and laying down in front of barricades, and the police start to drag them around, and you find yourself going, "Yeah!" and then saying, "No, no, no." We know that nine times out of ten we're going to be the ones that they're using that kind of force against, that they were using against

movement because they are very difficult tactics to oppose. No matter how right you know you are, you look like a jerk if you're screaming at someone who's sitting down and praying.

We're also faced with our movement needing to broaden itself to include women of color and working class women. The Hyde Amendment made the legal right to abortion a myth for most women, and yet the abortion rights movement continued to focus on legal abortion. And we're challenged with making the abortion rights movement a reproductive rights movement that will be relevant to all women, and that will take a lot of work, a lot of challenging ourselves about our tactics and our focus. It is a challenge we will have to take up. We're also really challenged to put women back into the abortion rights debate, and that is the biggest amount of ground that we've lost. That's the framework in which we're fighting for reproductive freedom now.

## **Beverly Smith**

**Beverly Smith is the Reproductive Health Coordinator, Women's Health Unit, at the Mass. Dept. of Public Health. These remarks do not officially represent the Dept. of Public Health.**

I was asked to try and reflect on what this issue is for Black women, but

I often like to try and take the opportunity to speak not just as a Black woman, but as all the things that I am, which is definitely a feminist and a health activist. One of the things I want to do is to talk about what it was like before abortion was legal, because I think that's where the passion of many of us comes from.

The first story I want to tell is about my first weeks in college. My roommate was another Black woman. And I remember, here we were, nervous and anxious out of our minds, and we went down to the basement to put our trunks away, and I found my new roommate, who I had just met hours ago, throwing up. And I couldn't quite figure it out. Let me assure you, in 1965 I was quite an innocent. So I don't know how this popped into my mind, but I said to myself, "the girl is pregnant." It just seemed so strange to me that here she would be, throwing up, claiming that she was so nervous. Then she told me she wasn't going to be able to finish out the year, and then, a few weeks later she went out, in violation of the rules we had at that time, stayed out all night, and then she came back and she said that she *would* be finishing out the year. So she'd had an illegal abortion. This was in Chicago. I could have lost a roommate.

Now the thing is, of course, she never, ever told me what was going on. She never said she was pregnant, she never said that she'd had an abortion. One of the most telling things she said, and this gets to the shame of all this, both as a woman and as a Black woman, she said, "you can take the girl out of the ghetto but you can't take the ghetto out of the girl." So, you know, that was a pretty intense way to start college. And you never, ever talked about it.

So, thinking of this story, I was thinking of the horrible secrecy that surrounded abortion at that time, and how bad that is for the psyches of women, and for the general well-being of women. Particularly in terms of self-esteem and self-image. When we're dealing with such hard issues as abortion, oftentimes, the psychological issues are missed, but they're there, and people experience them, whether we can really approach them or deal with them or not. And that atmosphere of secrecy was horrible.

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I feel that it's important in the movement for reproductive rights to note that we have never been successful in putting forth certain arguments. Namely, we have never been able to say clearly that one of the reasons we support abortion is because being able to control our reproduction directly affects the quality of our lives, and, in some instances, affects whether we have any life at all. I'm talking about death from illegal abortion. One of the reasons we've never asserted this argument is that it goes against the grain of patriarchal and sexist role conditioning. Stating that we choose our lives over that of unborn children is unnatural at best and evil at worst, according to patriarchal values.

ly, 300 billion, the Pentagon has only 300 billion dollars to pay for all that.

What they mean by life, and what I mean by life are, of course, two very different things. What they mean is protecting the right of the unborn to be born, to begin life. Life for them is a mostly biological phenomenon. They don't care about the quality of life for those babies and their mothers, who for many valid reasons don't want a child, or feel that they can't have a child no matter how much they might want to have one. What we're fighting for is a decent standard of life, including the potential for growth, for all people, including women.

I think there really has to be an examination of and a commitment to

Black people's numbers are actually going to go down, in the next decade or so, that makes me think about genocide in a whole different way. But genocide has always been a fear of Black people, particularly around contraception, birth control pills, and abortion.

This is one instance where you have to have some honest discussion. I have always said that what is genocidal is not being able to control what happens to you. And that's where we get into some difficulties, because, as has been mentioned, forced sterilization is something that still goes on. The fact that sterilization is paid for, or can be paid for, through public funding, whereas abortion cannot...that's a force, not even so subtle a force.

I think with the specter of AIDS, what we have to look at is Black women, who are the bulk of AIDS cases (Black women are 50% or more of the cases of women with AIDS; closely followed by Latinas.). When you're talking about women and AIDS, think women of color. So, we have to be very concerned about women of color being forced to be sterilized or have abortions because they are HIV positive, or high risk even. Every woman, even women who are HIV positive, has the right to make that decision about whether to have children or not.

I want to say a couple of things in conclusion. One, is that when we're talking about involving people in this movement, we have to look at where abortion and other health concerns fall in the priorities of Black women, particularly poor Black women. It takes space in people's lives, and control over your life to be able to think about preserving a right you might want to exercise in the future. Do you see how speculative that is? That's not immediate, and when people are living on the edge, they're dealing with immediate concerns. So, when obtaining food and shelter are your most pressing needs, fighting for abortion or doing political work around any issue is unlikely.

Health, in general, I don't think, is high on the list of priorities of communities of color at this point. Because you can't really think about health, about going to the doctor, if food and shelter are literally your priorities. And, I think for most Black women,

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*Now, of course, there's been a genocidal way of life in this country since we got here as slaves, but there's something about doing AIDS work, and my sense that Black people's numbers are actually going to go down, in the next decade or so, that makes me think about genocide in a whole different way.*

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I've also thought that "pro-natalism," the whole set of values, beliefs, practices and institutions which pressure women to have children, needs to be more thoroughly explored by feminists. It's very hard for women to say that when the deal goes down, we choose ourselves. That phrase, choosing ourselves, gives me some insight into why so many lesbians have, for long, long years, been involved in reproductive rights struggles. I think it is because we deeply value women's lives, all women's lives and know in our guts and in our hearts that women need access to abortion in order to have any kind of life at all.

I want to make some comment about the semantics of the abortion struggle. It has always burned me up that the movement of people who are anti-abortion call themselves pro-life. Now this is hardly an original statement. Many of us have been angry about this for many years. But "pro-life," though I wouldn't use that phrase exactly, is the most succinct summary of the creed on which my politics are based. In other words, I'm opposed to people dying, and death, and maiming and mutilation, which they're trying to pay for, as my sister pointed out, with on-

honest terminology about what we're fighting for. Because I think the truth is very powerful, and I think if we were able to sit down with women, and say, "look, this is what we're fighting about..." we might actually get more of the kind of people we would like to have involved in this movement.

On that note I'd like to talk about some of the issues around Black women in the struggle for abortion. One thing I feel is that the feminist connection to abortion rights sometimes turns Black women off, particularly because feminism is so closely associated with white women. That's the immediate image.

Somewhat connected with that is religious fundamentalism. I think this is something we have to grapple with because when you are talking about people who are very involved in the Church, abortion is a very difficult issue to try and raise in a public forum.

Now we get to the fear of genocide. In the last year I have finally come to the conclusion that, yes indeed, genocide is a real possibility. Now, of course, there has been a genocidal way of life in this country since we got here as slaves, but there's something about doing AIDS work, and my sense that



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you think about abortion during very limited periods of your life, when you need one, or someone close to you needs one. So I think it's very, very difficult. How do you expand that?

I don't know if this is a note of hope or not, but one of my experiences organizing, is that it seems to me that movements often end up where they start. Let me give you an example. Last year I was involved in working on the Women and AIDS Conference. I was one of a few women of color who were involved in the planning of the conference. There was a fair representation of women of color there, about 10%. But given the statistic I just quoted, that is really skewed. Where were the numbers? Well, there are a number of explanations. The con-

ference planning really started in the white community and it wasn't able to go much farther. Later on in the year I started an organization called the Black Women's Council on AIDS, a women of color group, and because of where it started, we had predominantly people of color come out for the forum.

So, I think if there was a Black women's group that was working on reproductive rights issues, that's where I think you might see some of the participation you wanted. That's something to think about. Look at how women of color can become empowered to work on this issue in their communities and then build coalitions with them. That's my spiel for today. Thank you.

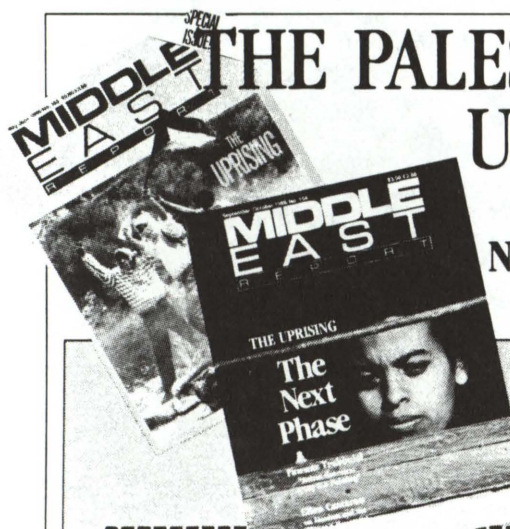
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Salvador and Latin America and its connection to women's lives in the US; and to work towards changing US foreign policy in El Salvador.

Resist's 1989 grant to the group went towards organizing for the current caravan of material aid to El Salvador, initiated by "Building with the Voiceless of El Salvador."

**Friends of CoMadres is participating in the caravan by sending a truck filled with medical supplies for obstetrical and gynecological use, accompanied by volunteers with the technical expertise to help distribute the supplies and provide instruction in their use.**

The Friends of CoMadres is made up of a core group of six, and about thirty active supporters. The core group includes three Latina women and three white women, two of whom are from a working class background. In 1988 the group sent a multiracial delegation of U.S. women to El Salvador. This kind of organizing across class and race lines has been particularly effective in linking the struggles of women of color and poor women here in the U.S., with the struggles of women in El Salvador.



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# GRANTS

*Following the recommendation of the newly formed Newsletter Advisory Committee, the grants section of the newsletter will begin to highlight projects that address a particular issue area, or those that are happening in a particular region of the country. In honor of International Women's Day, this issue will feature projects that address women's issues. We're also spotlighting Massachusetts and Boston-area projects. The number of grants given to women's projects doubled from 1987 to 1988—due in part to increased outreach on our part, and, unfortunately, largely due to the increase in attacks on women's rights. Many of the projects in various regions of the country were reported on in prior issues, and, of course, we'll continue to report on new projects throughout 1989.*

**Women's Center at Plainville, 76 Everett Skinner Road, Plainville, MA 02762.**

"Our work is to move us from consciousness to action, hope to resolve, separation to community. We seek to create and celebrate the arts, the soul of the struggle..." **The Women's Center at Plainville is a women's retreat center with a multiracial and multicultural vision.** That vision means that the Center's advisory board works to bring women together across race, class and culture to confront the economic and social structures that exclude and oppress women.

The Center develops yearly programs of education for action, including a number of weekend workshops. Resist's 1988 grant was used to print a brochure for the 1988-89 weekends, which were based on the theme, "Longer Than Our Lives," reflecting an understanding that feminist movement building is a long-term project. The weekends include "Breaking the Silence—The Palestinian Intifada," "Naming Barriers and Claiming Possibilities: A Feminist Exploration of Racism," and "Resistance as a Way of Life." All the weekends emphasize developing a new culture through the arts, and invite women to explore music and songs of social justice from all parts of the world. The Center is in-

tentional in having women of color and poor women as resource people for all its programs.

**Boston Women's Community Radio, 172 Fayerweather St., Cambridge, MA, 02138.**

**Boston Women's Community Radio (BWCR) is a network of feminist radio producers in the Boston area that annually succeeds in bringing to the airwaves twenty-four hours of radio programming featuring the diverse voices of women working for social change.** 1988 marked the tenth International Women's Day Radio broadcast sponsored by the group. The annual day of programming is both an organizing tool and an exciting cultural/artistic venture.

BWCR tries to use the airwaves to expose injustice in America and globally, by producing programs (and facilitating the production of programs) on topics like disability rights, sexual abuse, the lives of Arab-American women, women organizing in Central America, and homelessness. Complex political and social problems are addressed, while at the same time women's music, art, and culture is celebrated through programs of Black women's poetry; Latina women's music; storytelling; and more.

Traditionally, women of color produce over half of the programming for International Women's Day, and the overall broadcast day addresses race and class issues throughout. Resist's 1988 grant to BWCR was used to purchase a new tape recorder and other equipment.

**The Reproductive Rights Network (Boston R2N2), P.O. Box 686, Jamaica Plain, MA 02130.**

The Reproductive Rights Network evolved out of several reproductive rights groups in the Boston area over the past 10-15 years, and was part of the Reproductive Rights National Network (R2N2) until 1984 when the national network dissolved. **Boston R2N2 brings a multi-issue perspective to the movement for reproductive freedom.** The group's primary goals are education and activism around reproductive rights issues, and organizing to build a multi-racial and

class conscious movement for women's liberation.

From 1983 until November 1986, Boston R2N2 worked against a proposed anti-abortion amendment to the state constitution which would have allowed the legislature to: stop Medicaid funding for abortion; prohibit private insurance coverage of abortion; and place constraints on abortion clinics making it virtually impossible for many of them to function. Since the defeat of the amendment in 1986, the group has been involved in coalition efforts around a variety of issues such as the campaign to defeat Judge Bork for Supreme Court; a project to organize office workers around new office technologies; the 1987 National Gay and Lesbian March on Washington; and a Women and AIDS conference.

Boston R2N2 has played a key role in the struggle for abortion rights in Massachusetts by consistently focusing on the issue of access for all women. The group is committed to working against all the forms of oppression which restrict reproductive freedom, and therefore works on issues of sterilization abuse, gay and lesbian parenting/foster care rights, and occupational health hazards. Resist's 1988 grant went toward the production of a new outreach pamphlet in English and Spanish versions.

**Friends of CoMadres, P.O. Box 538, Jamaica Plain, MA 02130.**

The Boston area group, Friends of CoMadres, came together in 1986 to organize a speaking tour of representatives of the CoMadres, the Committee of the Mothers of the Disappeared, Assassinated, and Political Prisoners of El Salvador. The tour of America Sosa throughout New England raised \$8,000 to support the CoMadres' human rights work, and was critical in awakening people to the reality of El Salvador. The group decided to stay together as a support committee with several goals: to continue developing awareness and support for the CoMadres; to develop connections between women in El Salvador and women in the Boston/New England area; to further understanding of US policy in El

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